



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG. • FEDERAL & WATER STREETS • P.O. BOX 637 • DOVER,
DELAWARE 19903 • TELEPHONE (302) 744-4549
WWW.VITALCHEK.COM

Application for a Certified Copy of a Delaware Birth Certificate

Please print and complete all items requested below as accurately as possible.

Name on Birth Certificate _____
First Name Middle Name Last Name
(Maiden Name if Female)

Sex: ☐ Male ☐ Female Date of Birth ____/____/____

Maiden Name of Mother _____
First Name Middle Name Maiden Name (required)

Name of Father _____
First Name Middle Name Last Name

The birth certificate is for (please check one box)

- | | | |
|--|--|--|
| 1. <input type="checkbox"/> Myself | 5. <input type="checkbox"/> I am the Legal Guardian | 7. <input type="checkbox"/> Geneology
(proof required) |
| 2. <input type="checkbox"/> My current husband or wife | 6. <input type="checkbox"/> I am the Authorized agent, attorney
or legal representative of the
Person listed in 1-6. (proof required) | |
| 3. <input type="checkbox"/> My Child | | |
| 4. <input type="checkbox"/> My Parent | | |

My Name is : _____

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Number of copies requested: _____

Cost: 10.00 each (if record is not located, fee will be retained for search).
Make Checks or Money Orders payable to the "Office of Vital Statistics"

CREDIT CARD ORDERS VIA THE INTERNET: WWW.VITALCHEK.COM

Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.

I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del.C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a birth certificate.

Signature of person applying for certificate

Date

(_____) _____
Daytime telephone Number

Identification (for office use only)